

Rhode Island Department of Labor and Training

FOREIGN LABOR CERTIFICATION UNIT

1511 Pontiac Avenue

Cranston, RI 02920-4407

PHONE: (401) 462-8813 FAX: (401) 462-8798

Application Type:
☐ H-1B Professional
☐ Permanent

REQUEST FOR PREVAILING WAGE STATEMENT

Name of Person Requesting Wage:

Date:

Address:

PHONE NO:

FAX NO:

Name and Address of Company Employing Foreign Worker:

Type of Business:

Job Title:

Total Hours Per
Week:

Rate of Pay:

Full Description of the Job to Be Performed:

Title of Foreign Worker's Immediate Supervisor:

Number of Employees Foreign Worker Will Supervise:

College Degree Required:

____ YES ____ NO

If yes, specify type and major field of study:

Experience Required:

____ YES ____ NO

If yes, state number of years/months:

Training Required:

____ YES ____ NO

If yes, state type & years/months:

License/Certification Required: ____ YES ____ NO
If yes state type

Other Special Skills, Knowledge or Requirements:

PREVAILING WAGE DETERMINATION – for Department Use Only

SOC Code

SOC Title

Skill Level

Prevailing Wage:

Survey Source:

This rate is valid: _____ through the end of the calendar year in which issued. _____ for 90 days from the determination date.

Prevailing Wage Specialist:

Determination Date:

Request Number: